SIERRA COUNTY BOARD OF SUPERVISORS' AGENDA TRANSMITTAL & RECORD OF PROCEEDINGS

MEETING DATE:		TYPE OF AGENDA ITEM:	
DEPARTMENT:		REGULAR CONSENT TIMED	
PHONE NUMBER:		SUPPORTIVE DOCUMENT ATTACHED:	
REQUESTED BY:		RESOLUTION MEMO AGREEMENT OTHER	
AGENDA ITEM:			
BACKGROUND INFORMATI	ION:		
FUNDING SOURCE: GENERAL FUND IMPACT:		OTHER FUND: AMOUNT: \$	
	TEL DECLIDEDS		
ARE ADDITIONAL PERSONN	NEL REQUIRED?	IS THIS ITEM ALLOCATED IN THE BUDGET? YES NO	
YES NO		IS A BUDGET TRANSFER REQUIRED?	
TYPE OF EMPLOYEE		YES NO	
CDACE DELOW FOR CLERK	I I I I I I I I I I I I I I I I I I I	'	
SPACE BELOW FOR CLERK	A'S USE		
BOARD ACTION:		SET PUBLIC HEARING FOR:	
APPROVED	APPROVED AS AMENDED	DIRECTION TO:	
ADOPTED	ADOPTED AS AMENDED	REFERRED TO:	
DENIED	OTHER	CONTINUED TO:	
NO ACTION TAKEN		AUTHORIZATION GIVEN TO:	
BOARD VOTE:	BY CONSENSUS	RESOLUTION 2023	
AYES:		AGREEMENT 2023	
ABSTAIN:		ORDINANCE	
NOES: ABSENT:			
COMMENTS:			

DATE

CLERK OF THE BOARD

Memorandum

To: Sierra County Board of Supervisors

From: Lea Salas, Administrative Director of Behavioral Health

Reference: Agenda Item

Date of memo: March 27, 2023
Date of Board Meeting: April 4, 2023

Requested Action:

Housing and Homelessness Incentive Program Agreement between Health Net, LLC and California Health and Wellness Plan (CHW) and Sierra County Behavioral Health.

Mandated by:

Not mandated

Funding:

Housing and Homelessness Incentive Program (HHIP)

Budgeted? Yes X No

Revenue	\$18,937	Received from HHIP
Expenses	\$18,937	
Difference	0	

Background Information:

Sierra County Behavioral Health (SCBH) has been actively participating in the Northern California Continuum of Care (NorCal CoC) to represent Sierra County for the last three years. This came about due to SCBH's organizing and implementing the Point In Time (PIT) Count required by Housing and Urban Development (HUD). For the last three years the PIT count has averaged 10 individuals. In order to receive any housing funding from HUD or the State, Sierra County must have membership representation and actively attend the following meetings: Executive NorCal CoC (monthly), Plumas Sierra CoC (monthly), PIT Committee (monthly), Homeless Management Information Services (HMIS) Committee (monthly), and the Coordinated Entry Services (CES) (weekly) meeting. SCBH currently attends all of these meetings and holds the seat to enter required data into HMIS with no funding support at this time.

As housing and homelessness is becoming a country-wide epidemic and Governor Newsom addressing it through multiple funding streams offered to counties assisting in providing services, housing and emergency housing for those individuals experiencing housing challenges, more expertise and collaboration is required with other agencies such as social services. CalAim is now requiring Managed Care Plans in bringing more supportive services for individuals at risk of losing or not having access to housing through Enhanced Care Management (ECM) and Supportive Services.

The Housing and Homelessness Incentive Program (HHIP) Agreement is a program from the Department of Health Care Services (DHCS) that allows Medi-Cal Managed Care Plans (MCP's) to earn funds by working with community organizations to build partnerships and address housing and homelessness. As part of HHIP, CHW is making investments to community partners – "HHIP Grantees" to address identified gaps and needs and meet HHIP metrics.

Action to consider:

SCBH has been identified as a community partner with CHW. As a community partner SCBH will receive up to \$18,937 in disbursement intervals as HHIP measures are reached. Funds will support the following:

- Staffing costs to engage with CHW on HHIP and CoC related activities including CES, HMIS, and equity strategies.
- Data/IT Infrastructure including internet costs, HMIS user fees for housing coordinator, and other technology needs related to HHIP.

• Staffing costs to support a dedicated Housing Coordinator position in collaboration with Social Services and/or non-profit community-based agencies.

SCBH's acceptance of these funds allows for targeted collaboration or contracting with other agencies to provide the most efficient use of time and funds allocated for Sierra County residents. Funds and services can be tailored to best support Sierra County community members as housing stock, housing solutions, and services are limited, as well as uniquely executed. Sierra County is in need of proficient representation and execution of housing and homeless funding opportunities.

Alternatives or Impacts of disapproval:

Continue on with non-proficient participation within the NorCal CoC and use of received funds.





January 20, 2023

Laurie Marsh Mental Health Service Act Coordinator Sierra County Behavioral Health 706 Mill Street, PO Box 265 Loyalton, CA 96118

Dear Laurie:

Health Net, LLC ("Health Net") and California Health & Wellness Plan ("CHW"), sometimes collectively referred to as "the Health Plan" are pleased to inform you that it has approved an incentive payment pursuant to the Code of Federal Regulations ("CFR"), Title 42, Section 438.6(b) and the California Department of Health Care Services ("DHCS") Housing and Homelessness Incentive Program in the amount of \$18,937 to Sierra County Behavioral Health, ("Grantee") on the terms and conditions of this Incentive Letter and Agreement ("Agreement").

This Agreement is made and entered into effective January 1, 2023 ("Effective Date"), by and between the Health Plan and Sierra County Behavioral Health ("Grantee") for the Housing and Homelessness Incentive Program.

NOW, THEREFORE, for good and valuable consideration, the parties agree as follows:

- 1. <u>Tax Exemption Status</u>. If Grantee is exempt from state and/or federal taxation, Grantee will provide The Health Plan proof of such exemption upon The Health Plan's written request. If the Grant is a taxable event for Grantee, Grantee agrees to pay all taxes associated with the Grant and Grantee will indemnify the Health Plan against any such taxes.
- 2. <u>Purpose of Grant</u>. Grantee agrees to use the entire Incentive exclusively to support the specific goals, objectives, activities, and outcomes stated in Exhibit A. Grantee may not use any part of the Grant, including any interest earned thereon, for any other purpose without the prior written approval of the Health Plan. In no event shall Grantee use any of the funds from this Grant to (a) support a political campaign, (b) support or attempt to influence any government legislation, except making available the results of non-partisan analysis, study or research, or (c) grant an award to another party or for any purpose other than one specified in Section 170(c)(2)(b) of the Internal Revenue Code of 1986 as amended.
- 3. <u>Term of Grant.</u> The grant period is from January 1, 2023 through October 31, 2023 (the "Project"). Grantee shall fulfill all outlined grantee activities/deliverables/outcomes on or before the end of the grant period.





- 4. Return of Incentive Funds. The Health Plan reserves the right to discontinue, modify or withhold payments to be made under this Agreement or to require a total or partial return of any funds, including any unexpended funds under the following conditions: (i) if the Health Plan, in its sole discretion, determines that the Grantee has not performed in accordance with this Agreement or has failed to comply with any term or condition of this Agreement; (ii) if Grantee loses its status as an eligible Grantee under Paragraph 1 above; (iii) if Grantee fails to complete and/or achieve the specified grantee activities/deliverables/outcomes outlined in Exhibit A; or (iv) such action is necessary to comply with the requirements of any law or regulation applicable to Grantee or to the Health Plan or to this Incentive.
- 5. Reports, Records, Audits and Site Visits. Grantee shall submit written progress report(s) to the Health Plan in accordance with the due dates stated on the Incentive Summary in Exhibit A. The Health Plan is authorized to conduct audits, including on-site audits, at any time during the term of this Incentive and within four years after completion of the Project. Grantee shall allow the Health Plan and its representatives, at its request, to have reasonable access during regular business hours to Grantee's files, records, accounts, personnel and client or other beneficiaries for the purpose of making such audits, verifications or program evaluations as the Health Plan deems necessary or appropriate concerning this Incentive. Grantee shall maintain accounting records sufficient to identify the Incentive and to whom and for what purpose such funds are expended for at least four (4) years after the Incentive has been expended.
- 6. <u>Representations</u>. Grantee acknowledges, represents, and agrees (i) that it acts completely independently of the Health Plan and is solely responsible for any and all activities of Grantee including without limitation those activities that are supported by the Grant, and (ii), to the fullest extent permitted by law, to defend, indemnify, and hold harmless the Health Plan, its affiliates, officers, directors, trustees, employees and agents from and against any and all claims, liabilities, losses, taxes and expenses (including reasonable attorneys' fees) arising from, or in connection with, the Project and any act or omission of Grantee, its employees, or agents, in applying for, accepting, receiving and expending the Incentive.
- 7. Other Obligations. Grantee acknowledges that the Grantee has no obligation to the Company in consideration for the Incentive, other than to (i) publicly recognize the Health Plan as a sponsor of the Project in all public hearings, public events and media sessions, (ii) collaborate with the Health Plan to enhance public awareness of the Health Plan's sponsorship of the Project, (iii) placement of the Health Plan's name and logo and a brief description of the Health Plan's sponsorship in all relevant marketing materials, collateral, social media and similar public communications stating that the Project was made possible through the generous support of the Health Plan, (iv) permit the Health Plan to use Grantee's name, trademark, logo and other identifies in communications and publications (including internet, radio, television,





etc.) in furtherance of the Health Plan's efforts to inform others of its connection to the Project, and (v) provide the Health Plan with audio, visual and/or written testimonials that promote the Health Plan's connection to the Project.

- 8. <u>Independence of the Parties</u>. Neither the Incentive nor this Agreement shall be deemed to create any relationship of agency, partnership or joint venture between the parties, and Grantee shall make no such representation to anyone. If any portion of this Agreement is found to be illegal or invalid, it shall not invalidate the remaining portions of the document, provided the essential purposes for which each party has entered into this Agreement can still be achieved.
- 9. <u>Equal Employment Opportunity</u>. Grantee agrees to comply with and be bound by the nondiscrimination and affirmative action clauses contained in: Executive Order 11246, as amended, relative to equal opportunity for all persons without regard to race, color, religion, sex or national origin; the Vocational Rehabilitation Act of 1973, as amended, relative to the employment of qualified handicapped individuals without discrimination based upon their physical or mental handicaps; the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, relative to the employment of disabled veterans and veterans of the Vietnam Era, and the implementing rules and regulations prescribed by the Secretary of Labor in Title 41, Part 60 of the CFR.
- 10. <u>Immigration Act Requirements</u>. Grantee shall comply during the term of this Agreement with the provisions of the Immigration Reform and Control Act of 1986 and any regulations promulgated thereunder. Grantee hereby certifies that it has obtained a properly completed Employment Eligibility Certificate (INS Form I-9) for each worker performing services related to the program described in the Evaluation Plan.
- 11. <u>Entire Agreement</u>. This Agreement shall supersede any prior and contemporaneous oral and written understandings or communications between the parties and it constitutes the entire agreement of the parties with respect to the subject matter hereof. This Agreement may not be delegated, assigned, amended, or modified except upon the written consent of both parties hereto.

Sincerely,

Martha Santana-Chin

Medicare & Medi-Cal President

Marthy Soulana Omi

Health Net





Agreed to: Sie	erra County Behavioral Health	
Signature:		
Name:	Sharon Dryden	
Title:	Chair, Sierra County Board	of Supervisors
Date:	April 4, 2023	
ATTEST:		APPROVED AS TO FORM:
Heather Fost		David Prentice County Counsel





EXHIBIT A HOUSING AND HOMELESSNESS INCENTIVE PROGRAM FUNDING SUMMARY

INCENTIVE NUMBER: 01-19-02 **DATE AUTHORIZED:** 2/18/23

ORGANIZATION NAME: Sierra County Behavioral

Health

AMOUNT: \$18,937

GRANT PERIOD: January 1, 2023 – October 31, 2023

PROJECT CONTACT, TITLE: Laurie Marsh, Mental Health Service Act Coordinator

TELEPHONE: 530-993-6745 EMAIL: lmarsh@sierracounty.ca.gov

COUNTY: Sierra

HEALTH NET/CHW INCENTIVE CONTACT: Amber Kemp, Vice President, Medi-Cal Regional Lead

EMAIL: amber.kemp@cahealthwellness.com

HHIP INCENTIVE PURPOSE:

As designed, the DHCS Housing and Homelessness Incentive Program (HHIP) is an incentive program that aims to improve health outcomes and access to whole person care services by addressing housing insecurity and instability as a social determinant of health for the Medi-Cal population. The goals of HHIP are to:

- 1. Reduce and prevent homelessness; and,
- 2. Ensure Medi-Cal managed care plans (MCPs) develop the necessary capacity and partnerships to connect their members to needed housing services.

DESCRIPTION OF GRANT/INVESTMENT:

Funds will support CoC infrastructure & capacity, data infrastructure, and housing coordination capacity.

HHIP MEASURES TO BE IMPACTED:

The following HHIP measures are intended to be successfully impacted/achieved by the grant. The Grantee has reviewed and understands the definitions/expectations of the intended impacted DHCS HHIP measures below:

Priority Area 1: Partnership and Capacity to Support Referrals for	Priority Area 2: Infrastructure to Coordinate and Meet	Priority Area 3: Delivery of Services and Member
Services	Member Housing Needs	Engagement
□ 1.1 Engagement with the CoC	☐ 2.1 Connection with street medicine team (DHCS Priority Measure)	☐ 3.1 Percent of MCP members screened for homelessness/risk of homelessness





☑ 1.2 Connection and Integration with	☑ 2.2 MCP Connection with the	☐ 3.2 MCP members who
the local Homeless Coordinated Entry	local Homeless Management	were discharged from an
System (DHCS Priority Measure)	Information System (HMIS)	inpatient setting or have been
	(DHCS Priority Measure)	to the emergency department
		for services two or more times
		in a 4-month period who were
		screened for homelessness or
		risk of homelessness
☐ 1.3 Identifying and addressing		☑ 3.3 MCP members
barriers to providing medically		experiencing homelessness
appropriate and cost-effective housing-		who were successfully
related Community Supports		engaged in ECM
☐ 1.4 Partnerships with counties, CoC,		☑ 3.4 MCP members
and/or organizations that deliver		experiencing homelessness
housing services with whom the MCP		receiving at least one housing
has a data sharing agreement that		related Community Supports
allows for timely information exchange		(DHCS Priority Measure)
and member matching (DHCS Priority		
Measure)		
\square 1.5 Data sharing agreement with		☑ 3.5 MCP members who
county MHPs and DMC-ODS		were successfully housed
		(DHCS Priority Measure)
□ 1.6 Partnerships and strategies the		☑ 3.6 MCP members who
MCP will develop to address disparities		remained successfully housed
and equity in service delivery, housing		(DHCS Priority Measure)
placements, and housing retention		
(aligns with HHAP-3)		

GRANT AMOUNT BREAKDOWN & DISBURSEMENT OF FUNDING

The following table includes a breakdown of grant funding by HHIP Investment Plan activity:

HHIP Investment Plan Activity	Funding Amount	Primary HHIP
		Measure Impacted
Supporting CoC Infrastructure & Capacity	\$1,894	1.2
Supporting Data Infrastructure	\$5,681	2.2
Supporting Housing Coordination Capacity	\$11,362	3.5





The Health Plan will disburse the grant award in two (2) installments.

To be eligible for funding, Grantee must submit one (1) copy of Grantee's W-9 form and such other documentation reasonably requested by the Health Plan.

The Health Plan will make the first payment in the amount of \$14,202.75 (75% of the grant award) within approximately ninety (90) calendar days of the receipt of Grantee's completed Agreement.

The Health Plan will make the second payment in the amount of \$4,734.25 (25% of the grant award) by June 1, 2023, or within sixty (60) calendar days of receipt and approval of the Grantee interim progress report, whichever is later.

The Health Plan shall have no obligation to provide any additional funding or incentive support to Grantee under this Agreement or for any other purpose. Grantee shall refrain from using any portion of the Incentive for costs not approved under this Agreement, including, but not limited to, the following:

- Capital campaigns;
- Endowments;
- Annual drives or fundraisers;
- Operating deficit or debt retirement;
- Services or costs previously funded by the Health Plan other duplicative funding source; or
- Direct services billable to the Health Plan, and/or other miscellaneous lines items.

GRANTEE ACTIVITIES/DELIVERABLES/OUTCOMES & REPORTING:

Grantee is agreeing to work in partnership with the Health Plan on achieving/impacting the indicated HHIP measures identified above.

During **HHIP Measurement Period 2 (1/1/23-10/31/23)**, with final reporting due to the Health Plan by December 1, 2023, Grantee will do the following:

HHIP Investment Plan Activity	GRANTEE ACTIVITIES/DELIVERABLES/OUTCOMES
Supporting CoC Infrastructure & Capacity	 Staffing costs to support engagement with CHW on HHIP, CoC related activities including CES, HMIS, and equity strategies Report to CHW on how HHIP funds supported/enhanced the 2023 PIT Count Participate in monthly HHIP Implementation meetings with CHW and partners





	 Develop strategies (in alignment with the CoC) to address disparities, promote equity, and identify CHW's role in these strategies Partner with CHW to craft narrative for HHIP measure 1.6 submissions Provide access to HMIS for CHW staff Enhance/upgrade HMIS to facilitate "timely alerts" for MCPs when a member experiences a change in housing status Enhance CES to facilitate referrals to CalAIM ECM and CS for members experiencing homelessness Support coordination of persons experiencing homeless into CalAIM ECM and CS Partner with CHW to craft narrative for HHIP measure 1.2 submissions A regional ECM/CS referral training guide will be developed to support enrollment into these CalAIM services
Supporting Data Infrastructure	Data/IT infrastructure including internet costs, HMIS user fees for Housing Coordinator, and other technology needs related to HHIP
Supporting Housing Coordination Capacity	 Staffing costs to support a dedicated Housing Coordinator position Investment will help to drive HHIP measures 3.5 and 3.6 Minimum of 2 individuals a month will be served by the Housing Coordinator

The Health Plan may request additional reporting during the Grant Period and up to one (1) year after the expiration or termination of this Agreement.

The Health Plan may change the reporting due date based on changes or communications from DHCS's submission timeframe. The report will document progress and provide data in accordance with the progress report template provided by the Health Plan and include any other requirements imposed by DHCS. The reporting obligations of this Article shall survive any expiration or termination of this Agreement.





RECOGNITION:

Grantee agrees to place the Health Net or CHW logo, name, etc. on all related materials for the Grantee's Project as a sponsor and/or funder for this program. The Health Plan will work with the Grantee to determine which logo (Health Net or CHW) shall be used. In addition, Health Net or CHW will be acknowledged on the Grantee's website, media related materials and digital tools as a funding partner where appropriate as well as in relation to this program. If applicable, Health Net or CHW as specified, will be listed as a Grantee funder at the appropriate level including but not limited to a donor wall, annual reports, newsletters, etc. Grantee agrees to submit to the Health Plan for review on the use of the logo and/or name on all materials in advance.

For the avoidance of doubt, in the event the Health Plan changes its name or logo in the future, all displays of such by Grantee shall use the then-current versions.